PSYCHOLOGY 484 CONTRACT

Student’s name______________________________ UIN____________________

Major __________________________________________________________________

Phone #________________________ email________________________

Semester ___________ Supervising Faculty (please print) _________________

Credit Hours: (0-3 hours)____ hrs.

Briefly state the topic area to be covered: __________________________________

________________________________________________________________________

What activities are required by the student (e.g., library research, experimentation, etc.)? List
readings, methodologies, and duties to be fulfilled (as applicable).

________________________________________________________________________

________________________________________________________________________

Specify additional determinants of the student’s a grade (S/U only). _______________

________________________________________________________________________

Supervising faculty signature _______________________________________________

___________ (date)

Graduate student signature _________________________________________________

___________ (date)

Student signature _________________________________________________________

___________ (date)

STUDENT must take completed form to Milner Room 205 between 8am and noon DURING OPEN
REGISTRATION to be forced into this course. Completion of this form does NOT register you for the
course.